



U.S. Department of Justice
Office of the United States Trustee
Region 2

Eastern District of New York

IN RE: LUCKY STAR-DEER
PARK, LLC
DEBTOR.

CHAPTER 11

CASE NO. 20-73301-Rg

DEBTOR'S POST-CONFIRMATION
MONTHLY OPERATING REPORT
FOR THE PERIOD
FROM June 1, 2023 TO June 30, 2023

Comes now the above-named debtor and files its Post-Confirmation Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

In accordance with 28 U.S.C. Section 1746, I declare under penalty of perjury that I have examined the information contained in this report and it is true and correct to the best of my knowledge.

Signed: S/ Jeffrey Wu
Jeffrey Wu
Print Name
Managing Member
Title

Date: 7/20/23

Debtor's Address
and Phone Number:

N/A
Tel. _____

Attorney's Address
and Phone Number:

732 Smithtown Bypass
Suite 101 Smithtown NY 11787
Bar No. _____
Tel. 516 703 3672

Note: The original Monthly Operating Report is to be filed with the Court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period?		X
2. Are any post-confirmation sales or payroll taxes past due?		X
3. Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?		X
4. Is the Debtor current on all post-confirmation plan payments?	X	
<i>No further distributions liquidated debt</i>		

*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	N/A	X
2. Are all premium payments current?	N/A	X

*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE			
TYPE of POLICY and CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
N/A			
Debtor liquidated			

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:
<i>Debtor has been liquidated</i>
Estimated Date of Filing the Application for Final Decree: <i>8/1/23</i>

CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name:	Luck Star-Deer Park LLC
Case Number:	20-7331-NPG
Date of Plan Confirmation:	1/17/23

All items must be answered. Any which do not apply should be answered "none" or "N/A".

	Monthly	Post Confirmation Total
1. CASH (Beginning of Period)	\$ N/A	\$ N/A
2. INCOME or RECEIPTS during the Period	\$ N/A	\$ N/A
3. DISBURSEMENTS		
a. Operating Expenses (Fees/Taxes):		
(i) U.S. Trustee Quarterly Fees	\$ N/A	\$ N/A
(ii) Federal Taxes	N/A	N/A
(iii) State Taxes	N/A	N/A
(iv) Other Taxes	N/A	N/A
b. All Other Operating Expenses:	\$ N/A	\$ N/A
c. Plan Payments:*		
(i) Administrative Claims	\$ N/A	\$ N/A
(ii) Class One	N/A	N/A
(iii) Class Two	N/A	N/A
(iv) Class Three	N/A	N/A
(v) Class Four	N/A	N/A
(Attach additional pages as needed)		
Total Disbursements (Operating & Plan)	\$ N/A	\$ N/A
1. CASH (End of Period)	\$ N/A	\$ N/A

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank:	NONE			
Account Number:				
Purpose of Account (Operating/Payroll/Tax)				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited				
3. SUBTRACT: Outstanding Checks				
4. Other Reconciling Items				
5. Month End Balance (Must Agree with Books)				

Note: Attach copy of each bank statement and bank reconciliation.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach copy of each investment account statement.

Debtor liquidated